MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04348

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Beal	April	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	10 April, 1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Frank Smith	Alice Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No - - -	None	Mrs. Alice Lloyd, Park Hall, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Acute Heart Failure — 2 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial Sclerosis + Myocardial Degeneration — over 6 months.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/24, 1953, to 4/18, 1953, that I last saw the deceased alive on 4/12, 1953, and that death occurred at 7:25 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert T. Fuchs, M.D.	Leonardtown, Md.	4/20/53.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	21 April, 1953	St. Michael's Cemetery	Ridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-20-53	P.J. Beam, M.D. Local Registrar	P.B.Robinson, Leonardtown, Maryland.

RECEIVED
APR 22 1953
BUREAU V. S.

04349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St. Mary's County, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park — LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Carroll	(Middle) M.	(Last) Biscoe	4. DATE OF DEATH	(Month) April	(Day) 3rd	(Year) 1953
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 28 April, 1951	9. AGE last birthday: 1 yrs.	If under 1 year: Months 11 Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Warren J. Mason	14. MOTHER'S MAIDEN NAME: Agnes B. Biscoe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Warren J. Mason, father, Valley Lee, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.2

Immediate cause (a) Cystic Fibrosis of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1951, to Feb 5, 1953, that I last saw the deceased alive on Feb 5, 1953 and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE: Wm. D. Patrick MD (Degree or title) ADDRESS: Lexington Park Md. DATE SIGNED: 4-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: April, 1953	NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery	LOCATION (City, town, or county) (State): Great Mills, Maryland
DATE REC'D BY LOCAL REG.: 4-6-53	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR ADDRESS: P.B.Robinson Funeral Home, Leonardtown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04350

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Brisco

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 16 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 8 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Worked by day
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Colbert Brisco
14. MOTHER'S MAIDEN NAME: Lucticia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: James Brisco Clements Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9170

Immediate cause (a) Fibrilation Cardiac Chronic
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis
DUE TO
(c) Septicemia due to neglected burns

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Burns
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Loveville (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 7 53 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Contact with overheated stove

22. I hereby certify that I attended the deceased from Mar 30, 1953, to April 16 1953, that I last saw the deceased alive on April 14 1953, and that death occurred at 3:30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) F. F. Greenwell M.D.
ADDRESS Leonardtown St Marys Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-18-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza Md (State)
DATE REC'D BY LOCAL REGISTRAR 4/17/53
REGISTRAR'S SIGNATURE F. A. Camalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-15

RECEIVED
APR 21 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04351

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hermanville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hermanville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Catherine Dorsey

4. DATE OF DEATH: (Month) (Day) (Year) Apr. 23 1953

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Mar 22 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Jackson
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Dorsey Hill Hermanville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4341

Immediate cause (a) Congestive Heat failure — Interval Between Onset And Death: 3 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953 to April 23 1953, that I last saw the deceased alive on April 23 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Mc H. Patrick M.D.
ADDRESS Lexington Park Md.
DATE SIGNED 4-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 27 1953
NAME OF CEMETERY OR CREMATORY Zion Fair
LOCATION (City, town, or county) Hermanville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/24/53
REGISTRAR'S SIGNATURE F. A. Camalier M.D.
24. FUNERAL DIRECTOR Jos. C. Mattingley
ADDRESS Leonardtown, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 1953
BUREAU V. S.

04352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bushwood — LENGTH OF STAY (in this place) 15 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bushwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Phyllis (Middle) Marie (Last) Jant

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1953

5. SEX 1 | 6. COLOR OR RACE Cab | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 4-5-53 | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Jant | 14. MOTHER'S MAIDEN NAME Alice Mabel Marie Scriber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Marie Scriber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X

Immediate cause (a) premature birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) heavy lifting

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on 4-5-, 1953 and that death occurred at 11 UP m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (Degree or title) M.D. ADDRESS Avenue DATE SIGNED 4-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-6-53 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 4-5-53 | REGISTRAR'S SIGNATURE Robert V. Palmer | 24. FUNERAL DIRECTOR James H. Scriber ADDRESS Bushwood Md.

1042151333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1953
BUREAU V

Items 4,7,10 FilmG153 4/21/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2x2

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) McKoy
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 7 1895
9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Boiler
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William McKoy
14. MOTHER'S MAIDEN NAME Jane, McKoy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Army
16. SOCIAL SECURITY No. 237-03-8556
17. INFORMANT AND ADDRESS Mrs Josephine ~~McKoy~~ Norman 606 South 25 Wilmington N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.3 Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) epilepsy (c)

INTERVAL BETWEEN ONSET AND DEATH: immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Lexington Park, Md. DATE SIGNED 4/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 17-53
NAME OF CEMETERY OR CREMATORY National
LOCATION (City, town, or county) Wilmington (State) N.C.
DATE REC'D BY LOCAL REG. 4/14/53
REGISTRAR'S SIGNATURE F.A. Cumalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 16 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04254

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River; LENGTH OF STAY (in this place) Md. 4 mo.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxon Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary (USNAS)	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Jesse	(Middle) Irvin	(Last) Moore	4. DATE OF DEATH	(Month) 4	(Day) 15	(Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 6 - 12 - 1930	9. AGE last birthday 22 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Marines	10b. KIND OF BUSINESS OR INDUSTRY U.S.Marines	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Alvin L. Moore	14. MOTHER'S MAIDEN NAME Blanch I. Ball						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 3-6-51 4-15-53	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS U.S.Navy Files					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825X

Immediate cause (a) Fractured shell — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fractured cervical spine, ribs & left lung.

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) Hollywood (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 15 (Year) 53 (Hour) 4:50 a.m. INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Livingston Park Mic — DATE SIGNED 4/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/20/53	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Camalier	24. FUNERAL DIRECTOR Ritchie Bros. Funeral Home-	ADDRESS Upper Marlboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 255

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Alberts (Middle) Lee (Last) Shorter
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 13-1885
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Month 8 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fort Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Shorter
14. MOTHER'S MAIDEN NAME: Catherine Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John Shorter Drayden Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
42.1
Immediate cause (a) Acute coronary occlusion
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerosis
DUE TO
(c)
Interval Between Onset And Death 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. post-operative 2 weeks.

19a. DATE OF OPERATION: 3/18/53
19b. MAJOR FINDINGS OF OPERATION Acute Appendicitis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/18/53, 19 , to 4/4/53, 19 , that I last saw the deceased alive on 4/2, 1953, and that death occurred at 8.50 A.M. from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) ADDRESS Leighton Park. Md DATE SIGNED 4/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 8 1953
NAME OF CEMETERY OR CREMATORY Pofar Hills
LOCATION (City, town, or county) Valley Lee (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 4/7/53
REGISTRAR'S SIGNATURE F. A. Camalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley Leonardtown. Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1953
BUREAU V. S

Item #9 Film G153 5/6/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01256

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:

COUNTY St Marys — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

LENGTH OF STAY (in this place) 5 Hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY St Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) A. (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Female	White		Feb 14 1867	86 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		England	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Archibald Edmund Godfrey	Martha Fields

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			Mr Joseph Dean Great Mills Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemoralysis & Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to April 16, 1953 that I last saw the deceased alive on April 16, 1953 and that death occurred at 4:15 PM from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mrs. H. Gabrielson	D	Dr. Morton Patuxent Md.	4-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-18-53	Cedar Hill	Leonardtown Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/53	F. C. Camalier	M. Jos. C. Mattingly	Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 21 1953
BUREAU V.

Item 18 Film G153 4-20-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04357

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAS Patuxent River, Md.
LENGTH OF STAY (in this place) 6 hours 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California, Md COUNTY Orange
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Santa Anna
STREET ADDRESS (If rural give location) 2238 South Van Ness Street

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) David (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Caucasion
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5 April 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 6 Min. 40
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Henry Smith
14. MOTHER'S MAIDEN NAME: Margaret Helen Ladd
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Prematurity (Membranes ruptured 6 weeks prior to delivery) Infant appeared to be compressed due to compression of uterine walls.)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 6 hours & 40 minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 April, 1953, to 5 April, 1953, that I last saw the deceased alive on 5 April, 1953, and that death occurred at 1110 AM, from the causes and on the date stated above.

SIGNATURE M. J. Sullivan M.D. (Degree or title) M. J. SULLIVAN LCDR MC USN
ADDRESS Infirmary, NAS Patuxent River, Md.
DATE SIGNED 4-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 4 6 53
NAME OF CEMETERY OR CREMATORY EBENEZER
LOCATION (City, town, or county) (State) CALIFORNIA, MD.
DATE REC'D BY LOCAL REGISTRAR 4-6-53
REGISTRAR'S SIGNATURE P.J. Bean, M.D. Local Registrar
24. FUNERAL DIRECTOR John H. Smith, Father
ADDRESS

2043272291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C4358

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Phillip	(Last) Wise	4. DATE OF DEATH	(Month) 4 - (Day) 19 - (Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9/25/1877	9. AGE last birthday 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Certified Public Accountant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Phillip Wise		14. MOTHER'S MAIDEN NAME Francis C. Greenwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 220-16-8611	17. INFORMANT AND ADDRESS Mrs Leola M. Wise - Great Mills, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
152x Immediate cause	(a) Carcinoma of small intestine	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1952, to 4-19, 1953, that I last saw the deceased alive on 4-17, 1953, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE P.J. Bean, M.D. (Degree or title) ADDRESS Great Mills, Md. DATE SIGNED 4-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/22/53	NAME OF CEMETERY OR CREMATORY Holy Face Cemetery	LOCATION (City, town, or county) (State) Great Mills, Md.
DATE REC'D BY LOCAL REG. 4-20-53	REGISTRAR'S SIGNATURE P.J. Bean, M.D. Local Registrar	24. FUNERAL DIRECTOR * P.B. Robinson - Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A151

RECEIVED
APR 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 4359

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alms House

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R F D No 1

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) (Last) Young

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Lizzie Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Nace Ford, Leonardtown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9-1953, to 4-9-1953, that I last saw the deceased alive on 4-9-1953, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED 4-9-53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial — DATE THEREOF 4/11/53 — NAME OF CEMETERY OR CREMATORY Our Ladys Chapel — LOCATION (City, town, or county) Leonardtown, St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR April 9/53 — REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR Joseph Mattingley ADDRESS Leonardtown

RECEIVED
APR 13 19
BUREAU